



IDENTIFICATION REQUEST

Priority:

Lot Number:

Date Submitted:

Number of Specimens:

Date Needed:

Specimen Disposition:

☐ Return ☐ Keep/Discard

Name:

Submitter's Reference Number:

Tentative Identification:

Address:

Level of Identification Requested:

☐ Family ☐ Genus ☐ Species

Host:

Reason for Identification:

- ☐ A – Biological Control
- ☐ B – Damaging Crop/Plants
- ☐ C – Suspected Pest of Regulatory Concern
- ☐ D – Stored Product Pest
- ☐ E – Livestock, Wildlife, or Domestic Animal Pest
- ☐ F – Danger to Human Health
- ☐ G – Household Pest
- ☐ H – Possible Immigrant
- ☐ I – Reference Collection
- ☐ J – Survey
- ☐ K – Thesis Problem
- ☐ L – Other (elaborate below)

Telephone:

FAX:

E-mail:

Affiliation:

- | | |
|---|---|
| <input type="checkbox"/> APHIS/PPQ | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> ARS | <input type="checkbox"/> Other Federal (US) |
| <input type="checkbox"/> CICP | <input type="checkbox"/> Other State Agency |
| <input type="checkbox"/> Commercial Organization | <input type="checkbox"/> Private University |
| <input type="checkbox"/> US Department of Defense | <input type="checkbox"/> State Agriculture Agency |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> State University |
| <input type="checkbox"/> US Forest Service | |

Project Support:

☐ APHIS/PPQ ☐ ARS ☐ DOI ☐ EPA ☐ FAO ☐ FS ☐ Hatch ☐ NIH ☐ NRCS ☐ NSF ☐ USAID ☐ Other

Collecting Permits:

☐ Required ☐ Not Required If required, please submit copies with specimens.

Project Description:

Remarks:



Communications & Taxonomic Services Unit – Systematic Entomology Laboratory
Building 005 – Room 137 – BARC-West
10300 Baltimore Avenue – Beltsville – Maryland – 20705

